

Application No. _____ Date Received: _____

APPLICATION FOR HOUSING REHABILITATION

PART I. GENERAL INFORMATION

Name _____ SSN _____

Marital Status _____ Married _____ Widowed _____ Single _____ Separated _____ Divorced

Spouse Name and Spouse's SSN _____

Address _____

Telephone: _____
(home) (work) (other)

PART II PROPERTY INFORMATION

Number of years at present address? _____ Do you own the property? _____

If yes, please provide a copy of your deed.

Mortgage/Loan Institution _____ Address/Phone# _____

Amount of Monthly Payment \$ _____

Insurance Company _____ Address/Phone # _____

Type of Coverage _____ Amount of Policy \$ _____ Renewal Date _____

What is the approximate age of your home? _____

Number of bedrooms? _____ Number of bathrooms? _____

What is the heating sources (s) for your home? _____

LIST OF IMPROVEMENTS NEEDED

PART III. HOUSEHOLD INFORMATION

Household Composition (list each family member living within dwelling)

No.	Name	Relationship to Family	Age	Sex	Occupation
1					
2					
3					
4					
5					
6					
7					
8					

Anticipated Changes in household composition: _____

PART IV. REAL MONTHLY HOUSEHOLD INCOME/EXPENSES:

1. Name of Employer: _____

2. Address/Phone #: _____

Source	A. Applicant	B. Co-Applicant	C. Other(s)
Wages, salaries, tips, Business income	\$	\$	\$
SSI			
Social Security			
VA Benefits			
Disability Income			
ADC			
Food Stamps			
Child Support, Alimony			
Pension			
Rental Income			
Other (Specify):			
TOTALS ALL SOURCES	\$	\$	\$

Total Monthly Household Income (Totals of Columns A, B & C) \$ _____

x 12 months = total Yearly Household REAL Income \$ _____

A. Basic Expenses Per Month

1. Electric	\$ _____
2. Gas	\$ _____
3. Water/Sewer	\$ _____
4. Fuel Oil	\$ _____
5. Coal/Wood	\$ _____
6. Kerosene	\$ _____
7. Real Estate Tax	\$ _____
8. Home Insurance	\$ _____
9. Other	\$ _____
	\$ _____
Total Expenses Per Month	\$ _____

Medical and Unusual Expenses (Medical not covered by insurance)

No.	Description	Amount/Year
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS:

Name of Bank(s)	_____	_____
	Checking Account # _____	Checking Account # _____
	Savings Account # _____	Savings Account # _____

READ CAREFULLY BEFORE SIGNING:

- a. Participation in the Housing Rehabilitation Program will require occupants of assisted housing to attend a Home Maintenance Education Program workshop.
- b. Verification of any of the information contained in this application may be obtained from any source named herein.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misinterpretation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

CERTIFICATIONS AND CONFIDENTIALITY

My signature below certifies that the information contained in this application is accurate and complete to the best of my knowledge. I hereby grant permission to the Town of Blacksburg or its designated agent to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential, and is provided solely for the purposes of determining my eligibility for assistance under this program. No information contained herein will be released to any other local, state, or federal agency for any purpose without my express written consent, except as it may pertain to my receipt of the funding resources made available through this application.

Date

Signature of Applicant

Date

Signature of Spouse/Partner

Date

Signature of Person Assisting
Applicant to Complete Form

FOR OFFICE USE ONLY:

APPLICANT NO. _____

TOTAL ANNUAL INCOME

TOTAL REAL INCOME \$ _____

80% Area Median Income (for household size) \$ _____

Permitted Deductions (elderly; minors) \$ _____

TOTAL GROSS HOUSEHOLD INCOME \$ _____

OWNER/OCCUPANT OF PROPERTY YES NO

ELIGIBLE AT OR BELOW 80% AMI YES NO

Signature of Certifying Agent

Date

Application Approval:

Date _____ Accepted _____ Rejected _____

Housing Rehabilitation Intake Coordinator

CDBG Project Manager

Rehabilitation Board Chairman

TENANT OCCUPIED

Application No. _____ Date Received: _____

**ROANOKE-LEE STREET COMPREHENSIVE COMMUNITY DEVELOPMENT PROJECT
TOWN OF BLACKSBURG, VIRGINIA
APPLICATION FOR HOUSING REHABILITATION**

PART I. GENERAL INFORMATION

Name _____ SSN _____

Marital Status _____ Married _____ Widowed _____ Single _____ Separated _____ Divorced

Spouse Name and Spouse's SSN _____

Address _____

Telephone: _____
(home) (work) (other)

PART II PROPERTY INFORMATION

Number of years renting at present address? _____

Amount of monthly rent? \$ _____

Do you have an executed lease for the property? _____ If yes, please provide a copy.

Are utilities included? _____ Yes _____ No

If yes, please specify _____

Do you receive rental assistance? _____ Yes _____ No

If yes, how much per month? \$ _____

Number of bedrooms? _____ Number of bathrooms? _____

LIST OF IMPROVEMENTS NEEDED

PART III. HOUSEHOLD INFORMATION

Household Composition (list each family member living within dwelling)

No.	Name	Relationship to Family	Age	Sex	Occupation
1					
2					
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Anticipated Changes in household composition: _____

PART IV. REAL MONTHLY HOUSEHOLD INCOME/EXPENSES:

1. Name of Employer: _____

2. Address/Phone #: _____

Source	A. Applicant	B. Co-Applicant	C. Other(s)
Wages, salaries, tips, Business income	\$	\$	\$
SSI			
Social Security			
VA Benefits			
Disability Income			
ADC			
Food Stamps			
Child Support, Alimony			
Pension			
Rental Income			
Other (Specify):			
TOTALS ALL SOURCES	\$	\$	\$

Total Monthly Household Income (Totals of Columns A, B & C) \$ _____

x 12 months = total Yearly Household REAL Income \$ _____

A. Basic Expenses Per Month

1. Electric	\$ _____
2. Gas	\$ _____
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4. Fuel Oil	\$ _____
5. Coal/Wood	\$ _____
6. Kerosene	\$ _____
7. Real Estate Tax	\$ _____
8. Home Insurance	\$ _____
9. Other	\$ _____
	\$ _____
Total Expenses Per Month	\$ _____

Medical and Unusual Expenses (Medical not covered by insurance)

No.	Description	Amount/Year
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS:

Name of Bank(s)	_____	_____
	Checking Account # _____	Checking Account # _____
	Savings Account # _____	Savings Account # _____

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Signature of Spouse/Partner

Date

Signature of Person Assisting
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FOR OFFICE USE ONLY:

APPLICANT NO. _____

TOTAL ANNUAL INCOME

TOTAL REAL INCOME \$ _____

80% Area Median Income (for household size) \$ _____

Permitted Deductions (elderly; minors) \$ _____

TOTAL GROSS HOUSEHOLD INCOME \$ _____

RENTAL OCCUPANT OF PROPERTY YES NO

ELIGIBLE AT OR BELOW 80% AMI YES NO

Signature of Certifying Agent

Date

Application Approval:

Date _____ Accepted _____ Rejected _____

Housing Rehabilitation Intake Coordinator

CDBG Project Manager

Rehabilitation Board Chairman

Application No._____, Date Received: _____

PART I. GENERAL INFORMATION

Telephone: _____
(home) (work) (other)

Insurance Company _____ Address/Phone# _____

Type of Coverage _____ Amount of policy \$ _____ Renewal Date _____

If additional people own this property, please provide their name address and telephone.

_____	_____	(____)_____
_____	_____	(____)_____
_____	_____	(____)_____

Payments on present dwelling: \$ _____

If there is no lien on the property please provide a copy of the deed.

Part II Property Information (Continued)

Do you have any liens or other encumbrances on the property for which you are applying for assistance?

If yes, explain: _____

What is the approximate age of your property? _____

Number of bedrooms? _____ Number of bathrooms? _____

What is the heating sources (s) for your home? _____

LIST OF IMPROVEMENTS NEEDED

A. Basic Expenses Per Month (Please complete chart for only those items you pay as landlord)

1. Electric	\$ _____
2. Gas	\$ _____
3. Water/Sewer	\$ _____
4. Fuel Oil	\$ _____
5. Coal/Wood	\$ _____
6. Kerosene	\$ _____
7. Mortgage	\$ _____
8. Insurance/Home	\$ _____
9. Property Tax	\$ _____
	\$ _____
Total Expenses Per Month	\$ _____

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Date

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